

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **909**

FILED JAN 6 1951

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>173</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elk Hotel</u>				d. STREET ADDRESS (If rural, give location) <u>Elk Hotel</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles</u>		a. (First) <u>Charles</u>		b. (Middle) <u>ORR</u>		c. (Last) <u>MCCRUM</u>	
4. DATE OF DEATH <u>JAN 1 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed since Nov 1940</u>	
8. DATE OF BIRTH <u>Aug 8 1880</u>		9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>4</u>		11. DAYS <u>23</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book store operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Beloit, Kansas</u>	
13a. FATHER'S NAME <u>Charles O'McGraw</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Keim</u>		14. NAME OF HUSBAND OR WIFE <u>HARRIET ORTON MCCRUM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-10-0725</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glyde O. McCrum (son)</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 20, 1950</u> , to <u>Jan 1, 1951</u> , that I last saw the deceased alive on <u>Jan 1, 1951</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.A. Duffy M.D.</u>		(Degree or title)		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Jan 2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN 3 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GARNETT Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>GARNETT KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>1-3-50</u>		REGISTRAR'S SIGNATURE <u>Irene Jan 115</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS - Blackmore</u>			
				ADDRESS <u>Trenton, Mo</u>			

E.A. Duffy

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed J. Gordon Blackmer
Student Embalmer No.....

Licensed Embalmer No. 4602

P. O. Address Wentworth, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.